

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015763
STATE FILE NUMBER
3668

300
1-57
16
793
03

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lutheran Hosp.** Length of stay in lb **12 Hrs.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS **3812a Blaine** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **DONALD DEAN SPARKS**
4. DATE OF DEATH Month Day Year **4-13-1959**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH **4-12-1959** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **12**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Harold Sparks** 13b. MOTHER'S MAIDEN NAME **Doris Sconce** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Harold Sparks, 3812a Blaine, St. Louis** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pulmonary Atelectasis** INTERVAL BETWEEN ONSET AND DEATH **12 hrs.**
DUE TO (b) **Premature birth (ca. 6 weeks premature)**
DUE TO (c) **(Was 2nd of twin boys delivered, and the smaller).**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Anoxia due to premature separation of placenta.** 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. **762.5**
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION **St. Louis** COUNTY **St. Louis** STATE **Mo.**

21. I attended the deceased from **4-12-59** to **4-13-59** and last saw **him** alive on **4-12-59**
Death occurred at **12:15 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Geo. A. Seib, M.D.** (Degree or title) 22b. ADDRESS **2323 Lafayette Ave. St. Louis** 22c. DATE SIGNED **4-13-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-14-59** 23c. NAME OF CEMETERY OR CREMATORY **St. Trinity Cemetery** 23d. LOCATION (City, town, or country) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 14 '59** 26. REGISTRAR'S SIGNATURE **Roald Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 13 1959

. STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James R. Chapman*
Licensed Embalmer No. *550*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.